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. PTO/SB/21 (09-04)

Approved for use through 07/31/2006. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/750.206 Filing Date TRANSMITTAL December 31, 2003 First Named Inventor **FORM** Cuffaro et al. Art Unit 2616 **Examiner Name** Frank Duong (to be used for all correspondence after initial filing) Attorney Docket Number 1-2-0522.1US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Form PTOL-85 (1 page, in Request for Refund **Express Abandonment Request** duplicate). CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks OFFICIAL FACSIMILE Document(s) Reply to Missing Parts/ Incomplete Application 4 PAGES SENT VIA FACSIMILE TO 571-273-8300. Reply to Missing Parts PLEASE IMMEDIATELY DELIVER TO EXAMINER FRANK DUONG, under 37 CFR 1.52 or 1.53 **GROUP ART UNIT 2616.** SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KQENIG, P.C. Signature Printed name Robert D. Leonard Date Reg. No. June 18, 2008 57,204 CERTIFICATE OF TRANSMISSION/MAILING hereby certify that this correspondence is being sent Via Facsimile (571-273-8300) addressed to: Examiner Frank Duong, Group Art Unit 2616, on the date shown below: Signature Typed or printed name June 18, 2008 Robert D. Leonard

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FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)	Effec	Effective on 12/08/2004.			Complete if Known				
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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1740 At Unit 2616 Attorney Docket No. 1-2-0522.1US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify); Deposit Account Deposit Account beposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Charge fee(s) Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below, except for the filing fee Charge fee(s) Indicated below Indicated below	For FY 2007				Filing Date	Decemb	December 31, 2003		
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Deposit Account Deposit Account Number: O9-04:35 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form. Provide credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Small Entity Application Type Fee (3) Fee (3) Fee (3) Fee (3) Fee (3) Fee (3) Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee (5) Fee (6) Plant 200 100 300 150 500 250 200 100 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Each independent claims paid for, if greater than 2. HP = highest number of total claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Claims Fee (5) Fee Paid (5)									
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Date June 18, 2008 Name (Print/Type) Robert D. Leonard

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